

CLAIMS ONLY

SERIAL NO.	FILING DATE					
APPLICANT(S)						
CLAIMS						
	*	*	*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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95						
96						
97						
98						
99						
100						
TOTAL IND.	11	↓		↓		↓
TOTAL DEP.	22	↓		↓		↓
TOTAL CLAIMS	33					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS